



California Department of Fish & Game

Partner and Volunteer One-time Event Roster

Aquatic Education - F49



Event Name:_____ **Date:**_____

Thanks for volunteering for the California Department of Fish & Game! We track your volunteer hours & information to provide In-kind match for our grant dollars. Your efforts help us sustain our program(s). Please provide the requested information below, and feel assured that your information will be kept confidential.

Name Printed & Signature*	Address	Phone #	Time In	Time Out	Total Hours

**I understand the conditions of my volunteer activities and duties identified in the Volunteer Services Agreement and the Oath of Allegiance.*

For Official Use Only

Federal Aid Job# (if in-kind match): _____ Total Volunteer Hours _____ x Hourly Equivalent= \$ _____ Total In-kind Value

I verify that all information reported on this form is accurate to the best of my knowledge:

Volunteer Coordinator Signature

Print name and title